



**STATEMENT OF PROCEEDINGS FOR THE  
REGULAR MEETING OF THE  
LOS ANGELES COUNTY COMMISSION FOR  
CHILDREN AND FAMILIES  
KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 739  
LOS ANGELES, CALIFORNIA 90012  
<http://lachildrenscommission.org>**

**Monday, November 5, 2012**

**10:00 AM**

AUDIO LINK FOR THE ENTIRE MEETING. (12-5240)

**Attachments:**    [AUDIO](#)

**Present:**            Chair Geneva Berger, Vice Chair Helen Kleinberg,  
Commissioner Carol O. Biondi, Commissioner Patricia Curry,  
Commissioner Ann E. Franzen, Commissioner Dr. Sunny Kang,  
Commissioner Dr. La-Doris McClaney, Commissioner Steven M.  
Olivas Esq. and Commissioner Adelina Sorkin LCSW/ACSW

**Excused:**           Vice Chair Susan F. Friedman, Commissioner Daphne Ng,  
Commissioner Sandra Rudnick, Commissioner Martha  
Trevino-Powell and Commissioner Dr. Harriette F. Williams

Call to Order. (12-4894)

**The meeting was called to order at 10:07 a.m.**

**I. ADMINISTRATIVE MATTERS**

1. Introduction of November 5, 2012 Meeting attendees. (12-4895)

**Self-introductions were made.**

2. Approval of the November 5, 2012 Meeting Agenda. (12-4896)

**On motion of Vice Chair Helen Kleinberg, seconded by Commissioner Adelina Sorkin LCSW/ACSW, unanimously carried, (Vice Chair Friedman, Commissioners Ng, Rudnick, Trevino Powell and Williams being absent), this item was approved. Commissioner Olivas was not present during vote taken for this item.**

3. Approval of the minutes from the Special Meeting of October 15, 2012. (12-4897)

**On motion of Vice Chair Commissioner Adelina Sorkin LCSW/ACSW, seconded by Commissioner Dr. La Doris McClaney, unanimously carried, (Vice Chair Friedman, Commissioners Ng, Rudnick, Trevino Powell and Williams being absent), this item was approved. Commissioner Olivas was not present during vote taken for this item.**

**Attachments:**    [SUPPORTING DOCUMENT](#)

## **II. REPORTS**

4. Chair's report for November 5, 2012 by Genevra Berger, Chair. (12-4914)

**Chair Berger reported the following:**

- **The 2013 schedule of meetings for the Commission was distributed. The meetings in January, April and July will not be held on the first and third Monday of the month, please mark your calendars accordingly.**
- **The holiday luncheon will be held after the December 3, 2012 Commission meeting.**

**By common consent and there being no objection, this item was received and filed.**

5. DCFS Director's report for November 5, 2012 by Philip Browning, Director, DCFS. (12-4899)

**This item was taken after Agenda Item 6.**

**Director Browning reported the following:**

- **The Katie A. Documentation and Claiming Manual were released October 19, 2012. The manual describes the mental health billing processes and speaks to potential Katie A. Settlement funding at the State level for additional mental health services.**
- **Notices to DCFS staff will be sent out requesting volunteers to assist with the Strategic Plan initiatives. Commissioners are invited to participate.**
- **Commissioners are invited to attend the Grand Opening celebration of the DCFS Children's Welcome Center, which is a command post for children under the age of ten. An invite will be sent to the Commission.**

- A contractor, through the assistance of Casey Family Programs, is anticipated to begin work on the DCFS Policy Manual in December 2012.
- A meeting at the State level was held to discuss the Title IV E Waiver (Waiver) which expires at the end of June 2012. Nine States have been approved for the Waiver within the last couple of months. Los Angeles County is requesting a five year renewal of the Waiver.
- Training was provided to DCFS Emergency Response staff by Reid and Associates on investigative techniques.
- DCFS has a partnership with a non profit to improve the visitation privileges of parents in correctional facilities, with their children.
- An update will be provided to the Commission regarding the Countywide Youth Education Program.
- A list of mental health programs specific for youth will be provided to the Commission.

After discussion, by common consent and there being no objection, this item was received and filed.

6. Status report by Antonia Jimenez, Deputy Chief Executive Officer, Children's and Family Well-Being Cluster, Chief Executive Office (CEO) on Strengthening the 241.1 Project and Delinquency Prevention Pilot for Crossover Youth approved at the Board of Supervisor's meeting held September 4, 2012 ([Item No. 2](#)). (12-4941)

**Ms. Jimenez distributed copies of a report titled, "Crossover Youth Board Motion" that was submitted to the Board of Supervisors (Board) on November 2, 2012 and reported the following:**

**This report was requested by the Board on September 4, 2012; the report focuses on the following areas to address Strengthening the 241.1 Project and Delinquency Prevention Pilot for Crossover Youth:**

- Developing recommendations to improve the program and efficiencies.
- Developing recommendation for funding options.

The report does not cover the Mental Health Services Act (MHSA) processes. The Departments of Mental Health (DMH) and County Counsel are in the process of developing a report to the Board on the MHSA process. A collaborative effort between DMH and the Chief Executive Office to evaluate the three year MHSA planning process is underway.

The report also includes five recommendations detailed below:

**Recommendation 1:** Hire five additional DMH Psychiatric Social Workers (PSW), for a total of 11 PSWs, to serve the approximately 100 youth arrested monthly and subject to the 241.1 Project.

The funding requested for the hiring of additional staff is being discussed and may be subject to the stakeholder's process.

The Commission expressed concern with the stakeholder's process and questioned the methodology for the re-allocation of MHSA funds, previously allocated. The Commission also questioned whether there was a restricted timeframe to spend prudent reserve funds.

Ms. Jimenez noted that funds have been identified through the planning process and changes to current spending may require reevaluating funds available.

**Recommendation 2:** Review AB 1405 (2008) and submit revised proposed statutory language to the Legislature aimed at prohibiting the use of incriminating information collected during a clinical interview from being used against youth in a court proceedings.

This recommendation provides a level of comfort to Counsel because the minor may consent to undergo a mental health assessment without concern that the information gathered during the assessment be used against the minor in court.

**Recommendation 3:** Instruct the 241.1 DMH PSWs to provide specific recommendations, when appropriate, as to the type of mental health services a youth needs. The PSWs should communicate with the co-located DMH staff concerning which mental health services are most appropriate and which agencies in their service areas youth should connect with.

**Recommendation 4:** Develop a process for referring crossover youth identified by the MDT to a Department of Public Health (DPH) contracted provider for substance abuse assessment and treatment services, when needed.

Currently there is no avenue for services for youth with substance abuse only problems. Only youth with co-occurring mental health and substance abuse disorders are eligible for MHSA Services. In order to address this issue, there are efforts with DPH to ensure services are available to youth with only substance abuse problems.

**Recommendation 5:** Report annually on the following 241.1 evaluation measures:

- Legal status of youth as determined by the court (DCFS, Probation, or both)
- Number of MDTs that include DMH PSW participation
- Number of youth with co-occurring mental health and substance abuse disorders in comparison to youth with non co-occurring substance abuse issues
- Types of MDT service recommendations made
- Number and type of MDT service recommendations implemented (for example, tracking a sample of 25 cases per month for nine months)
- Recidivism rates within nine months of being referred to the project

Commissioner Curry congratulated Ms. Jimenez and her team on a job well done on the report, and expressed concern regarding the MHSA approval process. She stated that the MHSA process, as stated in legislation (AB 1467), has previously been that proposals were sent to the Systems Leadership Team for their advisory capacity and not for approval. The Board must approve the Plan.

Ms. Jimenez stated that the stakeholder's process is complicated. However, the primary goal is to provide services to children. A commitment is underway to review the MHSA three year planning process in order to improve the process and provide added transparency. The goal and immediate focus is to locate resources to fund services. Funding for the additional PSWs is one-time funding; recommendations two through five will be funded through the Title IV E Waiver funds. Since, the planning process is underway; it will provide an opportunity to look at priorities for possible realignment.

The Commission questioned whether there is a designated person that reviews historical mental health assessments for youth that have been in the system for years to ensure that youth are connected with the appropriate services needed.

Wilhelmina E. Bradley, DCFS, explained that a DMH PSW on the Multi-Disciplinary Team (MDT) evaluates this information. However, it is useful to have current assessments as historical evaluations may no longer be relevant to the case.

Ms. Jimenez added that the DMH PSW conducts a comprehensive review of the youth's records in order for the MDT to develop recommendations.

The Commission questioned the structure of the DCFS Prevention Pilot Process.

Ms. Jimenez responded to questions posed by the Commission with the following:

A Prevention Assessment tool is used to identify at-risk youth with a rating of five and above which then triggers a teaming process that expedites attention to these youth in order to meet their needs and provide them with services. DMH participates in this teaming process.

After discussion, by common consent and there being no objection, this item was received and filed.

Attachments:    [SUPPORTING DOCUMENT](#)  
[SUPPORTING DOCUMENT \(Note: Provided subsequent to meeting.\)](#)

### **III. PRESENTATION**

7. Presentation on the Los Angeles 241.1 Multi-Disciplinary Team Data Findings.
  - Denise Herz, Ph.D., Director of the School of Criminal Justice & Criminalistics, California State University, Los Angeles (12-4853)

**This item was taken after Agenda Item 4.**

**Ms. Herz presented a PowerPoint presentation and reported the following:**

#### **Overview of Key Program Developments**

### **Overview of Key Program Developments**

- In May of 2007, the Multi Disciplinary Team (MDT) began the implementation of the 241.1 Multi Disciplinary Teams (MTDs) in the Pasadena Delinquency Courts. MDT Teams included staff from Probation, DCFS, DMH, and the Learning Rights Center.
- In the summer of 2010, Judge Michael Nash of the Los Angeles County Juvenile Court designated specific judges in each court to handle 241.1 cases. The previous practice allowed different judges to handle 241.1 cases who oftentimes lacked consistency and familiarity of these types of cases. This new practice set a precedent for expansion, and by January 2012, there was full expansion to all juvenile delinquency court locations. Currently every 241.1 case that is referred, receives an MDT. This new practice has caused substantial workload issues. DCFS provided some funding for the Mental Health Clinicians; however, funding was not sufficient for the entire County.

### **Overview of Data**

The data collected was categorized into three sections covering the timeframe of May 15, 2007 to June 30, 2012. The 241.1 cases evaluated are new cases meaning the youth was not already under the supervision of the court.

- Initial Pilot data consisted of 137 cases
- Cohort 1 data consisted of 59 cases
- Cohort 2 data consisted of 408 cases

Approximately 30 cases included in the Cohort 2 data were found to be returning 241.1 youth. For that reason, Cohort 2 data will be reanalyzed. This reevaluation will most likely vary the numbers slightly. In January 2013, data will be collected from all juvenile courts with an approximate 800 to 900 youth in the data collection. The data collected from the smaller number of cases (Initial and Cohort 1 Data) when compared with the data collected from the countywide expansion, larger sample of cases, concluded with similar outcomes.

### **Demographics**

The demographics showed the following range across the three categories of data collected:

- Females consisted of 42% to 53% of all 241.1 youth
- African American consisted of 42% to 50% of all 241.1 youth
- Caucasians consisted of 7% to 8% of all 241.1 youth
- Latinos consisted of 38% to 48% of all 241.1 youth

Overall, the above analysis showed a higher percentage across the demographics when compared to the general population delinquency demographics.

The average age of arrest of a youth is about 15 ½ years old. Of the cases evaluated, six years was found to be the average time the youth had been in the system. Data evaluated revealed that there is a high percentage of youth with parents who are substance abusers, had mental health issues, and had been incarcerated.

#### Living Situation at Time of Arrest

Living situation at the time of arrests showed some variances due to the location of the data collected. The findings showed that 241.1 youth were more likely to be living in a Group Home at the time of arrest than the general child welfare population. This raised the question as to whether Group Home providers are equipped to provide to necessary services youth need. The average number of placements for the youth evaluated was ten. Unresolved trauma is likely a critical issue for the 241.1 population.

#### Most Serious Charge & Relationship to Placement & School

The majority of violent charges consisted of assault. Approximately one third of the violent charges occurred while the youth was in placement with a high percentage occurring while the youth was in congregate care. One quarter of the offenses were school related. The situational context of these violent offenses vary from minor to severe and raise concerns with Group Home and school staff preparedness in de-escalating these violent situations.

#### Risk Related Information

One third of arrested youth are detained at the time of arrest. However, the risk levels of 241.1 youth are aligned with the general youth population's risk levels.



### **School-Related Issues**

Education and placement are critical components for 241.1 youth. Stabilization with placement and education are challenging goals due to underlying mental health and substance abuse issues.

### **Mental Health & Substance Abuse Problems**

The data indicates that mental health issues are a significant factor with 70% of the 241.1 youth having mental health problems and 37% having both mental health and substance abuse problems.

### **Recommended Dispositions for 241.1 Youth**

The MDT recommendations are listed in the order of severity. A clear implication of the data indicates that youth are keeping their 300 status open. Previously when youth were classified with a 602 status, all services from child welfare were stopped. Most youth are being recommended to keep their 300 status open in order to continue receiving services.

### **Dispositions Received by the Court by 241.1 Youth**

In 2009, 23% of cases were cut off from receiving child welfare services due to receiving a 602 disposition. A major accomplishment when comparing the disposition of youth in 2009 with the current dispositions is that youth are no longer receiving a 602 status without continuing their 300 status.

### **Services Received by Case Closure or 1 Year after Referral**

The data collected indicated that 52% of the 241.1 youth received mental health treatment and educational services. Youth were also able to receive multiple services. The data was a surface measure. The data sample size decreased from 44 to 27 random youth in order to perform a deeper analysis and minimize the workload involved in the data collection.

### **Living Situation & Permanency Plan**

Findings indicated that there was not significant movement in living arrangements and permanency plans for the 241.1 youth. However, there had not been substantial efforts in this area. Within the past few months, a Workgroup was created with specific focus on training and developing more targeted efforts towards permanency which should yield a shift in permanency.

### **Connection to Family, Positive Adult, and Pro Social Activities**

Findings indicated that the behavioral social intervention recommendations played a significant role in the increase of 241.1 youth participating in social programs.

### **School Related Outcomes**

Overall findings showed that 241.1 youth were attending school more often and had a decrease in academic and behavioral problems combined. However, behavior problems alone continue to be a struggle for these youth. The majority of 241.1 youth with an Individualized Education Program are attributed to behavioral problems.

### **Mental Health & Substance Abuse Problems at Case Closure or 1 Year after Referral**

The data showed that there was an improvement with 241.1 youth with mental health problems which coincides with the primary recommendation of connecting these youth with mental health treatment. However, minimal services were provided to youth with substance abuse problems which supports the lack of improvement in this area.

### **A Comparison of Recidivism**

When comparing non MDT cases with cases having an MDT in the Pilot Project, data showed that over time the recidivism (new arrest for criminal charge) rate decreased for MDT cases to the point where MDT cases were outperforming the non MDT cases, and aligning with the general juvenile justice population.

The Commission expressed concern with the lack of tracking on the types of mental health services received by 241.1 youth, and questioned whether mental health assessments were conducted on youth that were documented in the data as having “No Problems.”

**Ms. Herz responded to concerns and questions posed by the Commission with the following:**

- **A key measure in the Crossover Youth Board motion addresses the tracking of mental health services.**
- **The core of the Crossover Youth Board motion addresses issues with mental health assessments being conducted on 241.1 youth.**
- **The data presented was collected from the casework; interviews were not conducted on the 241.1 youth.**

**After discussion, by common consent and there being no objection, this item was received and filed.**

**Attachments:**    [SUPPORTING DOCUMENT](#)

#### **IV. MISCELLANEOUS**

##### **Matters Not Posted**

- 8.**    Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting of the Commission, or matters requiring immediate action because of an emergency situation or where the need to take action arose subsequent to the posting of the agenda. (12-4900)

**There were none.**

##### **Announcements**

- 9.**    Announcements for the meeting of November 5, 2012. (12-4901)

**There were none.**

##### **Public Comment**

- 10.**    Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. (12-4902)

**No members of the public addressed the Commission.**

##### **Adjournment**

- 11.**    Adjournment of the meeting of November 5, 2012. (12-4903)

**The meeting was adjourned at 12:05 p.m.**